Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

http://www.dmas.state.va.us

MEDICAID MEMO

TO: All Providers of Hospice Services Participating in the Virginia Medical Assistance Programs

FROM: Cynthia B. Jones, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 12/17/2015

SUBJECT: Medicaid Reimbursement Rate Changes for Hospice Services–Effective January 1, 2016

The purpose of this memorandum is to inform you that, effective January 1, 2016, the rates for hospice providers will be changed to reflect Centers for Medicare and Medicaid Services mandated rate changes in the final Medicare hospice rule published on August 6, 2015 (CMS-1629 – F) for Routine Home Care (RHC) services. It establishes a higher base payment for the first 60 days of hospice care and a reduced base payment rate for days 61 and thereafter. A Service Intensity Add-On (SIA) payment equal to the Continuous Home Care Hourly rate is also established for services provided by a Registered Nurse or Social Worker within the last 7 days of the individual's life.

Claim Billing Information

Claims will continue to be billed on the UB-04 claim form, the 837I electronic format, or entered through Direct Data Entry by the provider as currently billed.

Routine Home Care

For claims submitted with dates of service on or after January 1, 2016, revenue code 0651 – Routine Home Care, will continue to be submitted. Providers are now required to submit a separate single line item entry for each eligible RHC date of service. DMAS will automatically calculate the number of days from the hospice election date and apply the appropriate rate for the corresponding day in the hospice benefit period. This calculation would include hospice days that occurred prior to January 1, 2016. An episode of care for hospice RHC payment purposes is a hospice election period or series of election periods separated by no more than a 60 day gap in hospice care.

For a hospice patient that is discharged and readmitted to hospice services within 60 days of the discharge, the hospice days will continue to follow the patient. If the hospice patient is discharged from hospice care for more than 60 days, a new election to hospice will initiate a reset of the patient's 60-day window, paid at the higher RHC rate upon the new admission.

Service Intensity Add-On Payment

For reimbursement of the SIA payment, claims must be submitted with a separate single line item entry for each eligible date of service along with a combination of revenue code 0551- "Skilled Nursing Visit" and procedure code G0299 which is defined as "direct skilled nursing services of a registered nurse (RN)

in the home health or hospice setting" and/or revenue code 0561 - Medical Social Service Visit and procedure code "G0155" which is defined as "Services of clinical social worker in home health or hospice settings, each 15 minutes." The SIA payment is provided for visits of a minimum of 15 minutes and a maximum of 4 hours per day, i.e. from 1 unit to a maximum of 16 units combined for both nursing visit time and/or social worker visit time per day. In addition, the time of a social worker's phone calls is not eligible for an SIA payment. Visits made after the member's death should be reported with the "PM" – post mortem modifier, to be considered for the SIA payment. Providers must also utilize a discharge status of 20 (expired) or 40 (expired at home) to be reimbursed for the SIA payment.

Revenue Code					**651**	**651**	**652**	**652**	**655**	**656**	**0551 & 0561**
Rate Component	**Reg. Code**	**CBSA Code**	**Area**	**Wage Index**	**Routine Home Care - Daily Rate - Days 1-60**	**Routine Home Care - Daily Rate - Day 61+**	**Continuous Home Care - Daily Rate**	**Continuous Home Care - Hourly Rate ***	**Inpatient Respite Care - Daily Rate**	**General Inpatient Care - Daily Rate**	**Service Intensity Add-On Payment**
Base Rate					187.08	$147.02	$945.16	$39.38	$176.26	$720.11	39.38
Wage Component of Base Rate					$128.54	$101.02	$649.42	$27.06	$95.41	$460.94	27.06
Non-Wage Component of Base Rate					58.54	$46.00	$295.74	$12.32	$80.85	$259.17	$12.32
	0001	28700	Bristol	0.8000	$161.37	$126.82	$815.28	$33.97	$157.18	$627.92	$8.49
	0002	40220	Roanoke	0.9233	$177.22	$139.27	$895.35	$37.30	$168.94	$684.76	$9.33
	0003	31340	Lynchburg	0.8830	$172.04	$135.20	$869.18	$36.21	$165.10	$666.18	$9.05
	0004	47894	Northern VA	1.0403	$192.26	$151.09	$971.33	$40.47	$180.11	$738.69	$10.12
	0006	16820	Charlottesville	0.9053	$174.91	$137.45	$883.66	$36.82	$167.22	$676.46	$9.21
	0007	40060	Richmond	0.9625	$182.26	$143.23	$920.81	$38.36	$172.68	$702.82	$9.59
	0008	47260	VA Beach	0.9223	$177.09	$139.17	$894.70	$37.28	$168.85	$684.29	$9.32
	0009	00049	Rural	0.8000	$161.37	$126.82	$815.28	$33.97	$157.18	$627.92	$8.49
	0010	13980	Blacksburg	0.8473	$167.45	$131.59	$845.99	$35.25	$161.69	$649.72	$8.81
	0011	25500	Harrisonburg	0.8946	$173.53	$136.37	$876.71	$36.53	$166.20	$671.53	$9.13
	0012	49020	Winchester	0.8864	$172.48	$135.54	$871.39	$36.30	$165.42	$667.75	$9.08
	0013	44420	Staunton-Waynesboro, VA	0.8326	$165.56	$130.11	$836.45	$34.85	$160.29	$642.95	$8.71

Delayed Implementation

DMAS was provided specific instructions for Medicaid hospice in a September 3, 2015 letter from CMS. DMAS is currently working to implement system changes to VAMMIS to reimburse claims at appropriate rates. Due to the scale of this implementation, DMAS estimates that these changes will be finalized after the January 1, 2016 effective date. Providers should continue to submit Routine Home Care claims and will be reimbursed at current rates. Providers should submit claims for the Service Intensity Add-On as directed in the memo, but these charges will not be paid until the system changes are implemented. Once system implementation is complete, DMAS will send a notice through the Remittance Advice when the system is ready. All claims submitted will be reprocessed for payment and the hospice provider manual billing chapter will be updated with billing instructions and edit information.

Further Information

More detailed information and billing examples can be found out at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9201.pdf.

COMMONWEALTH COORDINATED CARE

Commonwealth Coordinated Care (CCC) is a new program that is coordinating care for thousands of Virginians who have both Medicare and Medicaid and meet certain eligibility requirements. Please visit the website at http://www.dmas.virginia.gov/Content_pgs/altc-home.aspx to learn more.

MANAGED CARE ORGANIZATIONS

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx.

VIRGINIA MEDICAID WEB PORTAL

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: www.virginiamedicaid.dmas.virginia.gov. If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider. Providers may also access service authorization information including status via KEPRO's Provider Portal at http://dmas.kepro.com.

KEPRO PROVIDER PORTAL

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"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.